

Nevada Attorney General's Health Care Summit

Presented by Charles Duarte, Administrator
Division of Health Care Financing and Policy

Patient Protection and Affordable Care Act (*Section 2703*)

HEALTH HOMES

HEALTH HOME

- ✗ Also called Medical Home
- ✗ “One stop shop”
- ✗ Communication among all providers is essential
- ✗ Reimbursed for achieving quality and/or cost goals
- ✗ Goals:
 - + Expand access to health care
 - + Improve health outcomes
 - + Increase patient satisfaction with care
 - + Reduce expenditures
 - + Reduce duplication of services

RFI RESPONSES – APRIL, 2010

- ✖ Nine submissions
- ✖ Community feedback in planning process
- ✖ Coordination with other agencies
- ✖ Need IT training and funding
- ✖ Help with becoming a medical home
- ✖ Suggestions to create rewards/deterrents (co-pays) related to appropriate ER use, etc.
- ✖ Limited Level III population could be challenging
- ✖ Communication among providers needed
- ✖ Focus on long-term savings

SECTION 2703 OF HEALTH REFORM

- ✖ State Medicaid Option to Provide Health Homes for Enrollees with Chronic Conditions
- ✖ 90% Federal Funding for two years
- ✖ Funds will be available January 1, 2011
- ✖ Planning grants also available Jan. 2011
 - + Must be matched at the state's regular rate

ELIGIBLE INDIVIDUALS

- ✗ 2 chronic conditions;
 - ✗ 1 chronic condition and is at risk of having a second chronic condition; or,
 - ✗ 1 serious and persistent mental health condition
- ✗ Chronic condition definition includes, but is not limited, to the following:
 - + A mental health condition
 - + Substance use disorder
 - + Asthma
 - + Diabetes
 - + Heart disease
 - + Being overweight, as evidenced by having a Body Mass Index (BMI) over 25

REQUIREMENTS

- ✖ Hospitals referrals to designated providers
- ✖ Coordinate with the Substance Abuse and Mental Health Services Administration
- ✖ Methodology for tracking avoidable hospital readmissions and calculating cost savings
- ✖ Proposal for use of HIT, including wireless patient technology
- ✖ Reporting of quality measures by designated providers to the State

FEDERAL COSTS

- ✗ FMAP portion of planning grant
- ✗ Regular FFS Rates*
- ✗ 90% of the incentive rates
- ✗ (***Could increase incentive payments to providers to make them responsible for hiring CMs*)
- ✗ IT costs (EMR Incentive Program)

STATE COSTS

- ✗ Planning grants must be matched at the state's regular rate
- ✗ Regular FFS rates (**unless this is included in the 90% FMAP; unclear at this time*)
- ✗ 10% of the incentive rates
- ✗ Care managers**
- ✗ Practice facilitators
- ✗ Actuary

NEXT STEPS

- ✖ Complete cost-benefit analysis
- ✖ Work with EHR Incentive Program team to identify providers with sufficient IT capabilities
- ✖ Receive guidance from CMS on planning grants and program details
- ✖ Submit planning grant application
- ✖ Hire consultant to assist with SPA
- ✖ Develop Community Advisory Board